ALZHEIMER'S WAIVER
PARTICPANT APPLICATION PACKAGE CHECKOFF SHEET

Facility ___   _____ API _____

Applicant Name _____ Medicaid # _____

Date Received   _____   Effective date if approved _____

Date Approval or Denial letter sent   _____

Date entered into Database _____

☐ Alzheimer's Assisted Living Authorization (DMAS 480) _____

☐ DMAS 96 * _____

☐ DMAS UAI* _____

☐ DMAS 415/Documentation of Alzheimer's diagnosis (must be documented by a physician or licensed psychologist _____

☐ History and physical _____

☐ Verification of Auxiliary Grant Status _____

Notes: _____

_____

_____

* provided by local screening team